

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/516 922
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1					51		1				
2	1						52		1				
3	2						53		1				
4	10						54		1				
5	10						55		1				
6	10						56						
7	10						57						
8	10						58						
9	10						59						
10	10						60						
11	10						61						
12	10						62						
13	10						63						
14	10						64						
15	10						65						
16	10						66						
17	10						67						
18	10						68						
19	10						69						
20	10						70						
21	10						71						
22	10						72						
23	10						73						
24	10						74						
25	10						75						
26	10						76						
27	1						77						
28							78						
29							79						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		1		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		28		←		←
TOTAL CLAIMS		29		29		29	TOTAL CLAIMS		29		29		29